Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			43				Г	RATE	FEE	l [	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			√3 minus 20=		* 33			X\$ 9=	297	OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =				Γ	X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		·			+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2	<u> </u>	TOTAL	672	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
_		(Column 1) CLAIMS	(Column 2) HIGHEST			(Column 3)		SMALL E		OR	SMALL		
AMENDMENT A	TO THE OWNER OF THE PARTY OF TH	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	T CL AIM	=		X42≈		OR	X84=		
_	FINOT FRESE	INTATION OF W		CINDEIN	CLAIIVI			+140=		OR	+280=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
4		(Column 1)	,		)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	F OL ALIA	=		X42≈		OR	X84=		
┞	FIRST PRESE	NTATION OF MI	JETIPLE DEP	ENDEN	CLAIM			+140=		OR	+280=		
							<b>Ι</b> ΔΓ	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)					ADDII. 1 EE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CL AINA	=		X42=		OR	X84=		
-	I LINO I PRESE	INTALION OF M	OLI IPLE DEF	CINDEN	CLAIM			+140=		OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 12/02)